

59th Medical Wing



U.S. AIR FORCE

59 MDW Pulmonary Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 28 Sep 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Pulmonary Product Line Review

Revised Financing Overview

Prospective Payment System

- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual **59 MDW** Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: -\$6.0M

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

SA-MM Overview

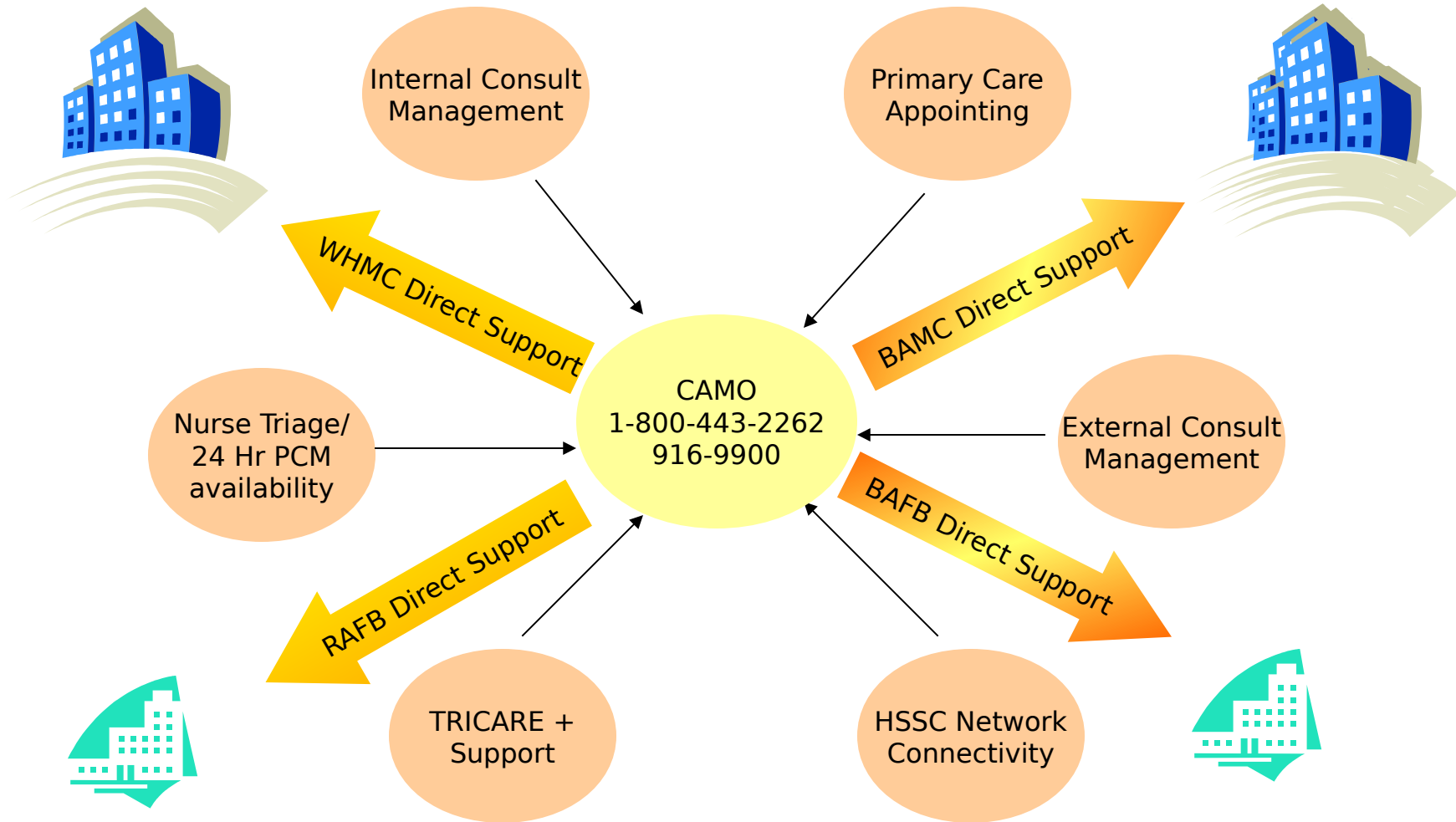
Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

SA-MM CAMO



Pulmonary Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Enrollment
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- ENT Initiatives and Issues
- Stoplights

Pulmonary Medicine Description

- Provide Pulmonary, Critical Care and Sleep Medicine Services to AD, Dependent and Retired Personnel
 - Tri-Services Cystic Fibrosis Center
 - Accredited by CF Foundation
 - Parent Site @ WHMC
 - 5 Affiliate Sites
 - Largest Sleep Disorder Center in DOD
 - Combined Pulmonary Training Fellowship program
 - Pilot Unit for USAF CCATT program
- Services provided both here and at BAMC
 - Sleep Medicine
 - Pulmonary Medicine Clinic
 - MICU coverage

Pulmonary Medicine GME Program Status

- Integrated Fellowship Program (yes)
 - 3 Total AF Fellows/1 Total Army Fellow
 - Total 12 Fellows in Integrated Program
- RRC Status: 5-year accreditation; date last accreditation December 1999
- Overall Program Health: (Flt CC will rate)
 - 100% Board Certification Pass Rate –100%
 - 100% on-time Graduation –100%
 - Scores: top 1-5% nation-wide –67%
 - Patient Mix and Volume:
 - Ample distribution of all ages to allow for adequate training

Pulmonary Manpower and Staffing

Authorized					Assigned					
Providers	Mil	GS Civ	K	Total		Mil	GS Civ	K	Total	Staffing
44M3G	8	0	0	8	44M3G	7	0	0.5	7.5	94%
Authorized					Assigned					
Support Staff	Mil	GS Civ	K	Total		Mil	GS Civ	K	Total	Staffing
46N3	0	1	0	1	46N3	0	1	0	1	100%
4H0X1	35	18	0	53	4H0X1	31	17	0	48	91%
4N0X1	0	1	0	1	4N0X1	0	0	0	0	0%
4A0X1	2	1	0	3	4A0X1	2	2	0	4	133%
Total Support	37	21	0	58	Total	33	20	0	53	91%

7 Military Sub Specialists (all providers)

Rustmann: Pulmonary/Sleep

Olivier: Pulmonary/CCM

Chaney: Pulmonary/CCM/Sleep

Smith: Pulmonary/CCM/Sleep

Allan: Pulmonary/CCM/Sleep

Vandekieft: Pulmonary/CCM/Sleep

Taylor: Pulmonary/CCM/Sleep

Pulmonary Manpower and Staffing (Con't)

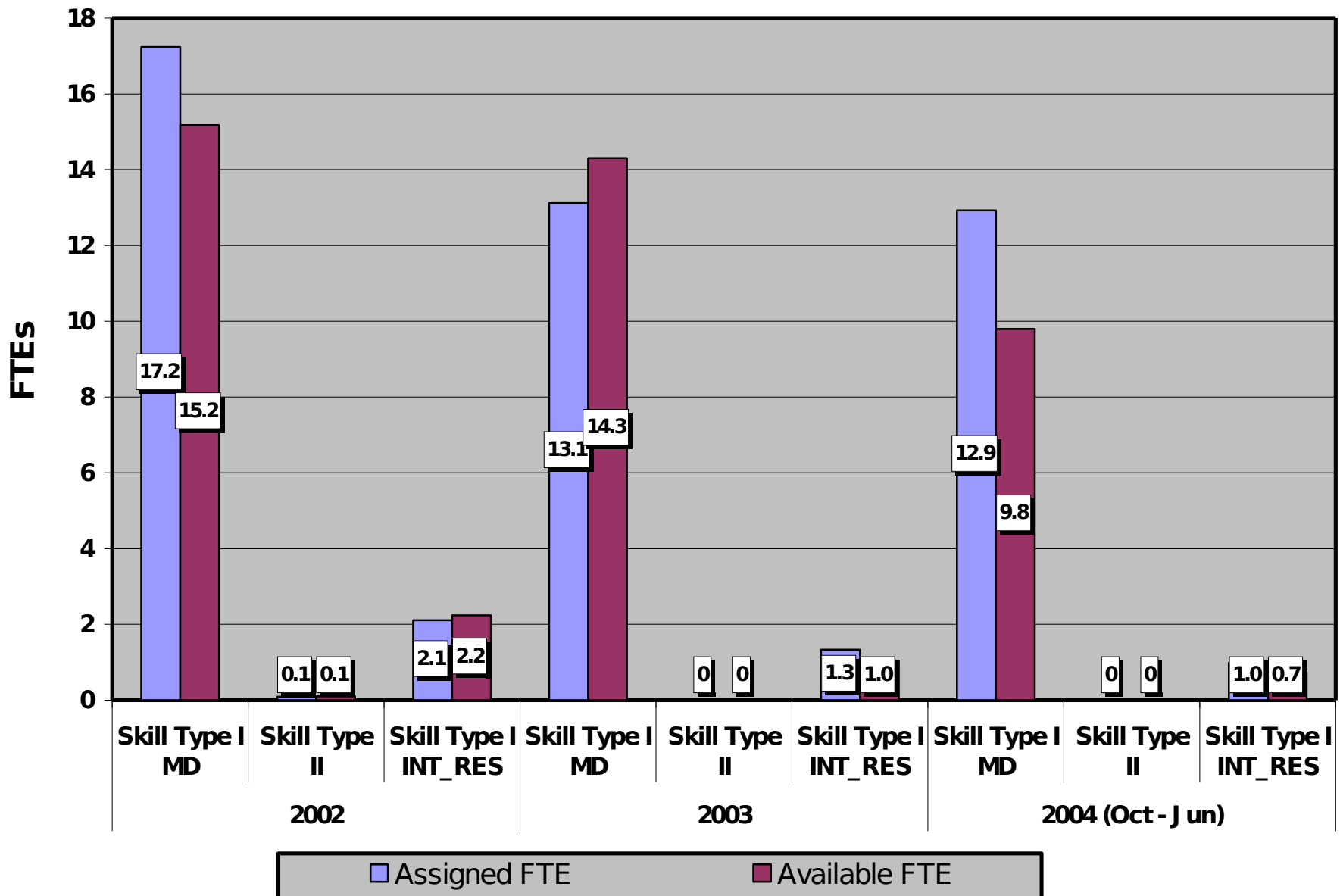
- Resource Sharing Agreements and Contractors
 - Clinic: 1 clinic coordinator not renewed effective 1 Nov
 - CF Center: 1 RT & 1 Social worker not renewed effective 1 Nov
 - Inpatient Service:
- Staffing outlook (Physicians)
 - AFMS-wide: loss of 5 physicians; 2 remaining will have limitations due to medical problems. Gain of 4 new physicians in 2005 (2 may be placed at 59 MDW)
 - 59 MDW Outlook: Losing 3 staff physicians next June (expected) plus 1 additional PCS to PACAF = 4 losses
 - 7 assigned - 4 losses plus 2 inbound = 5 expected staffing
 - Deployment tempo: 1 can be expected to be deployed each cycle = 4 available
- Staffing Outlook (4Hs)
 - In FY05, 4H0X1 staffing AF-wide will be 88%; WHMC staffing is projected to go from 92% to 76% by Jun 05.
 - WHMC is committed to providing six 4Hs per AEF rotation, further impacting present-for-duty manning

Pulmonary Mobility and Other Deployments

- Physician Deployments (SGX Database)
 - FY03:
 - 2 deployments (Olivier and Smith): 267 days
 - FY04 Taskings in Turtle Model:
 - At Risk for CCATT (sub for 44Y3)
 - 1,560 days potential *
 - “Pulmonary/CCM supports every AEF with CCATT Physicians and their deployments are built into the Schedule. We typically deploy 1 or 2 physicians per AEF”
- FY03 Humanitarian and Civic Assistance
 - None

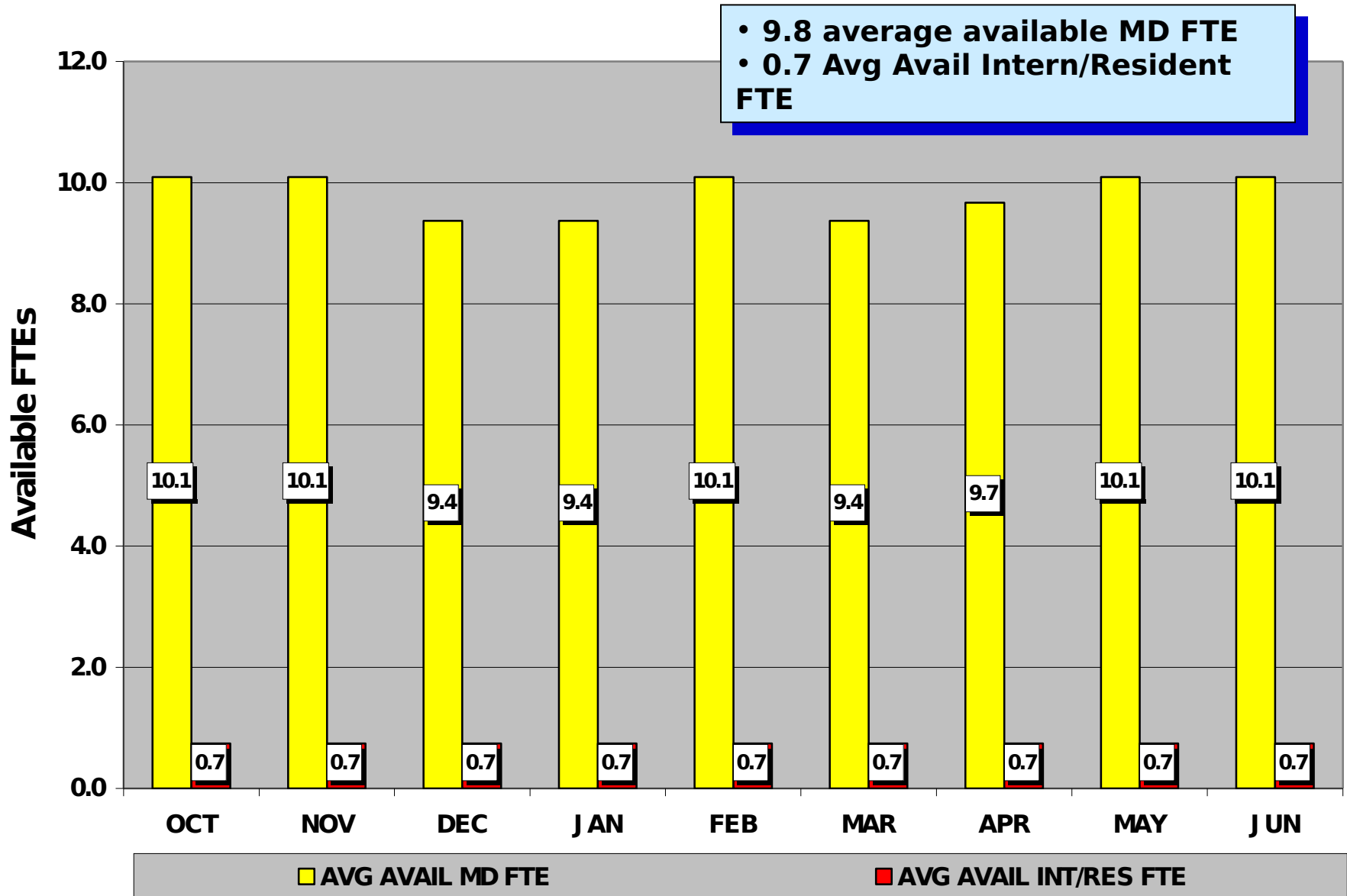
** Not counting transition days*

Pulmonary MEPRS Reporting By FY and Skill Type

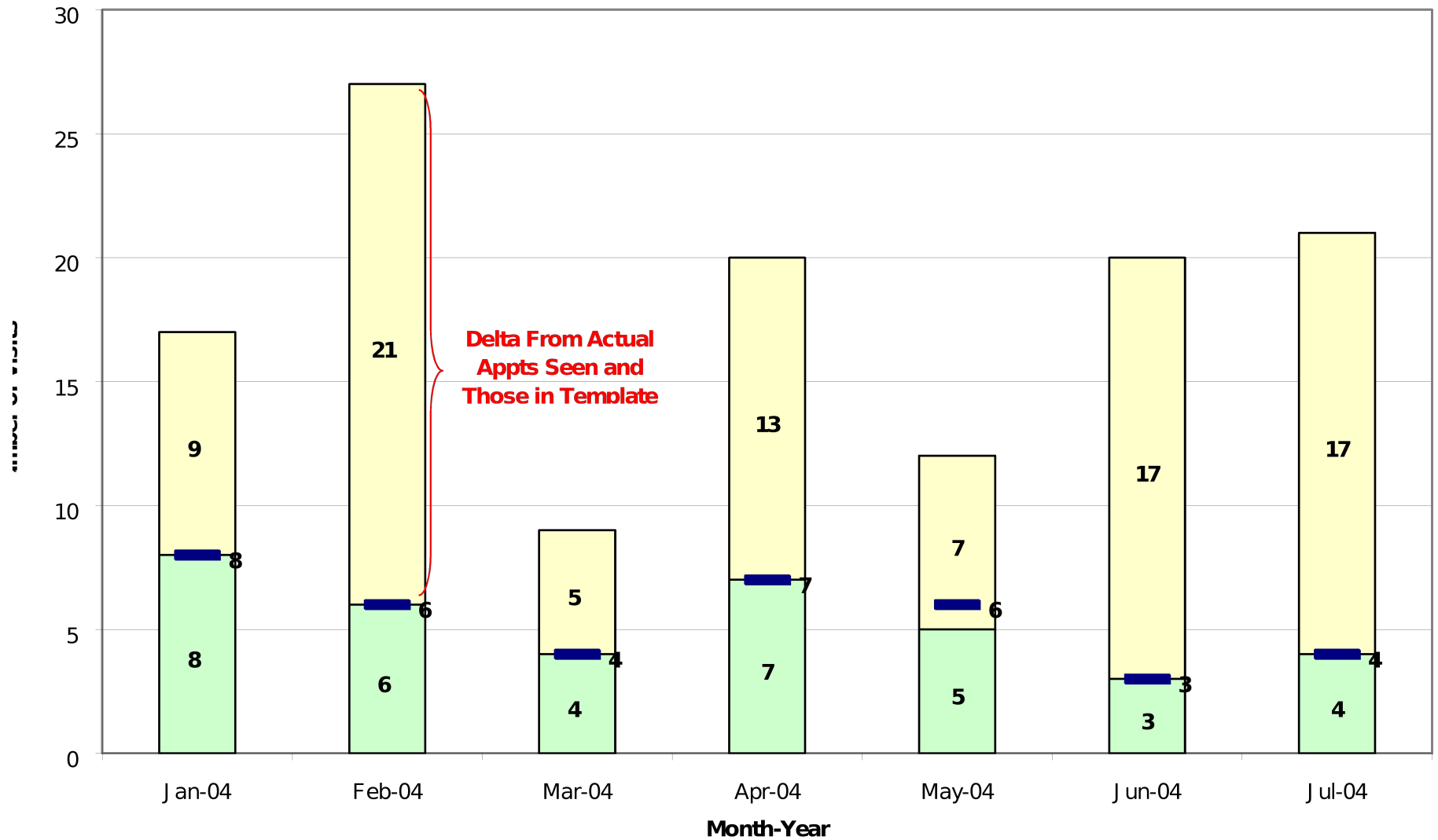


Pulmonary Monthly Reported Available FTEs

Oct 03 – Jun 04



Pulmonary Service Line: PULMONARY APV,WHMC

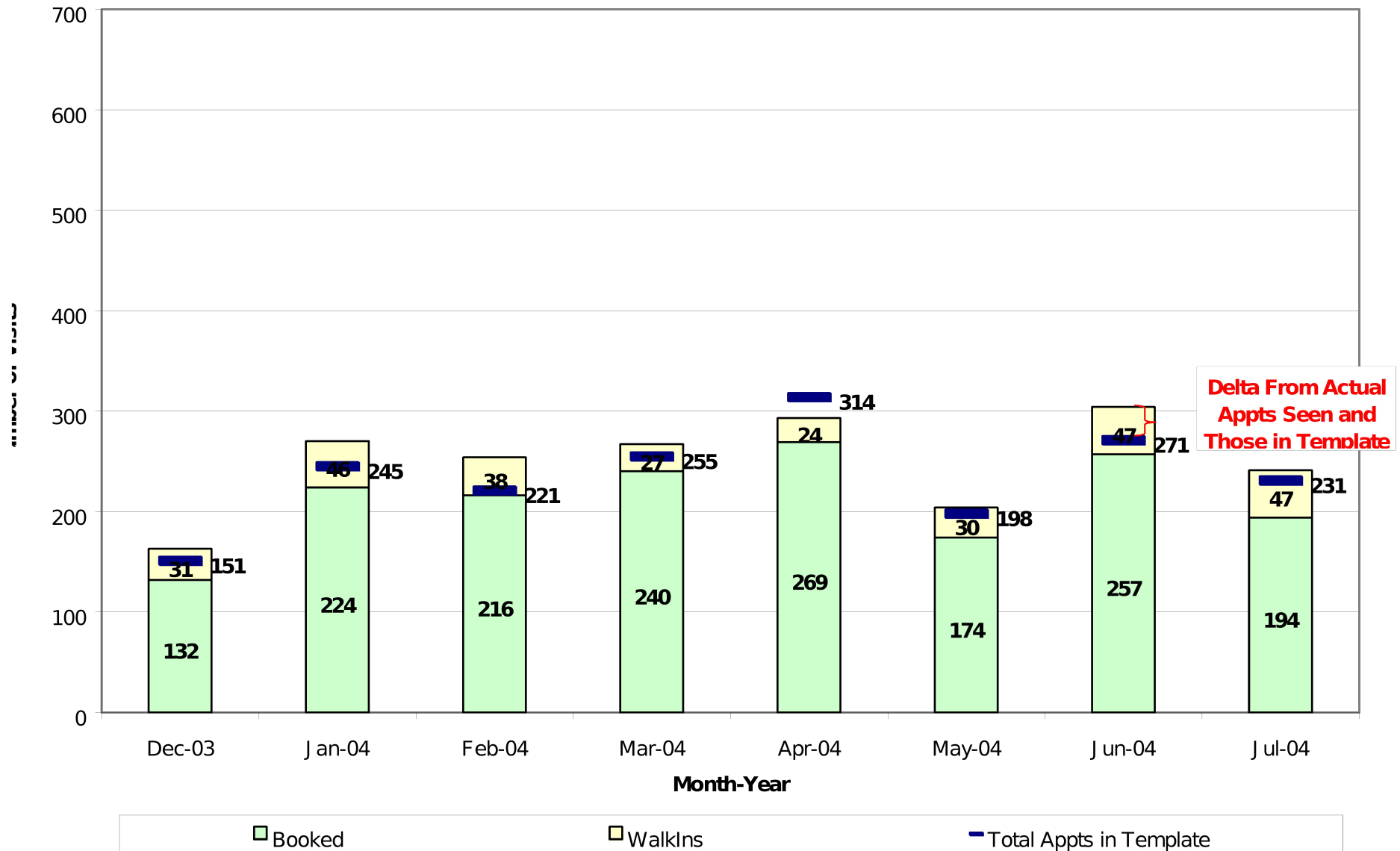


Booked

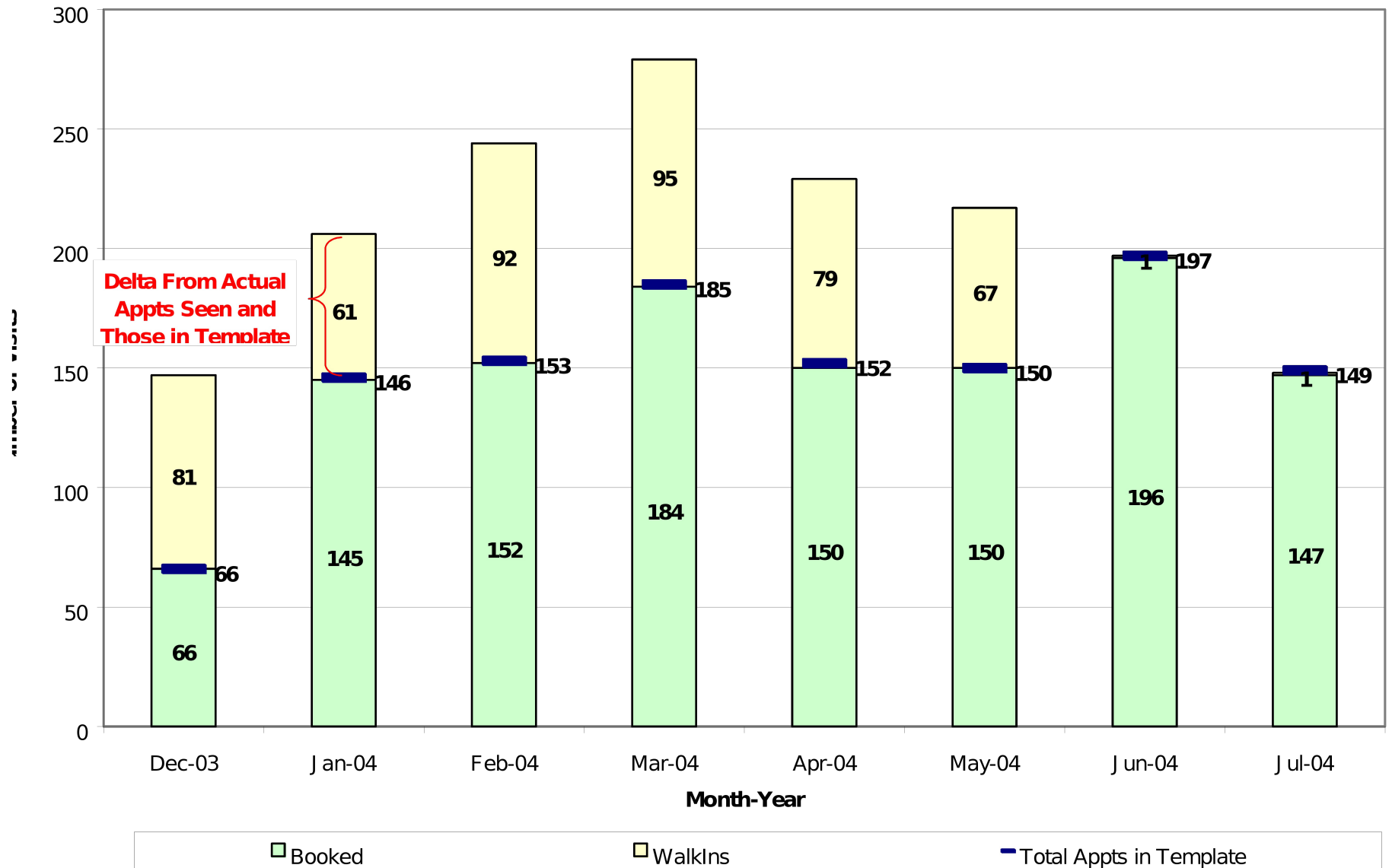
WalkIns

Total Appts in Template

Pulmonary Service Line: PULMONARY MEDICINE,WHMC



Pulmonary Service Line: SLEEP LAB,WHMC

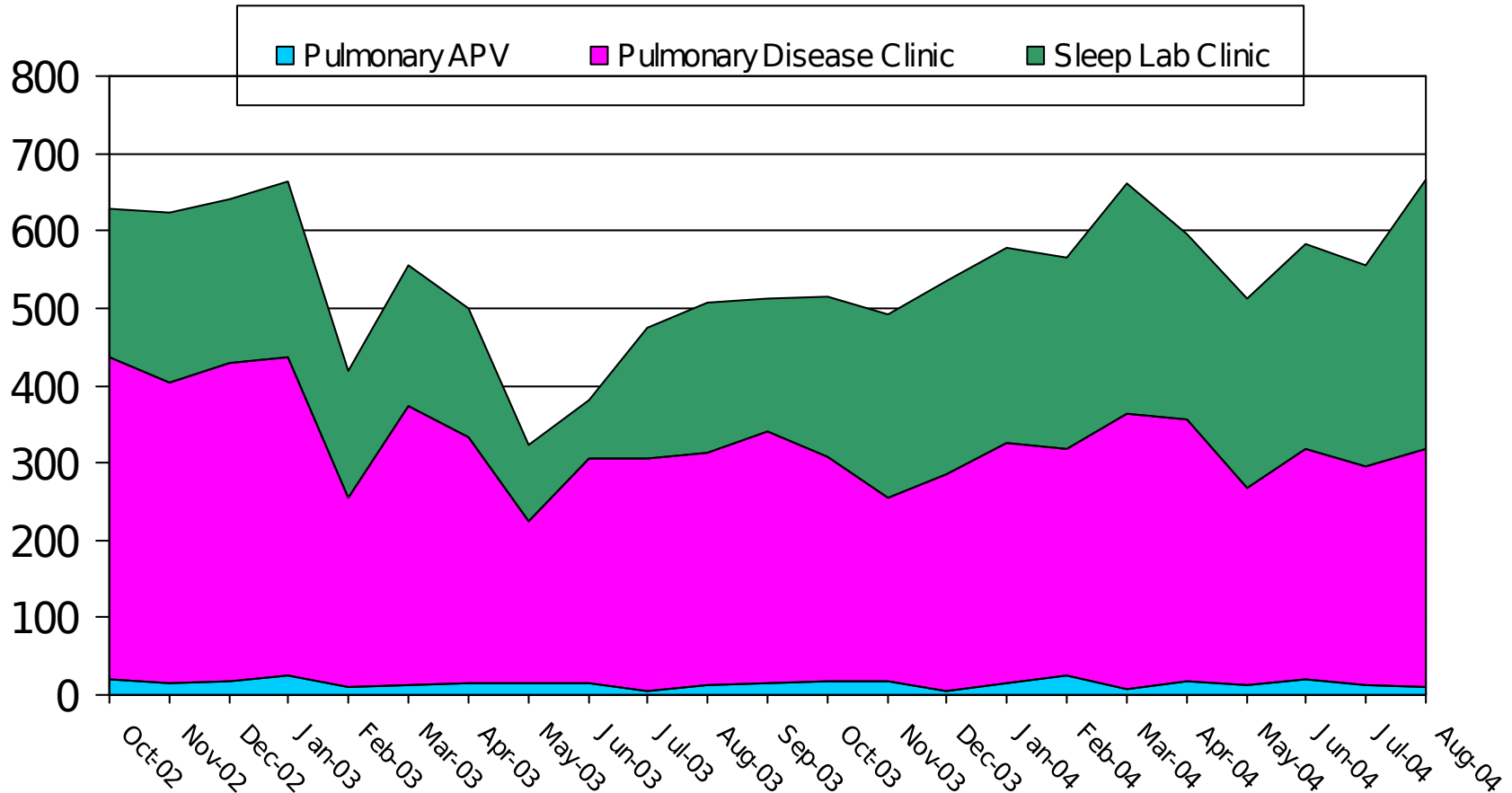


Pulmonary Template Summary

	Pulmonar y APVs	Pulmona ry	Sleep Lab	Total Pulmonary
Templated	5	248	162	415
Booked	5	225	160	390
% Booked	100%	91%	99%	94%
Walk-Ins	13	37	56	106
% Walk-Ins	72%	14%	26%	21%
Total Seen	18	262	216	496
% Templated	360%	106%	133%	120%

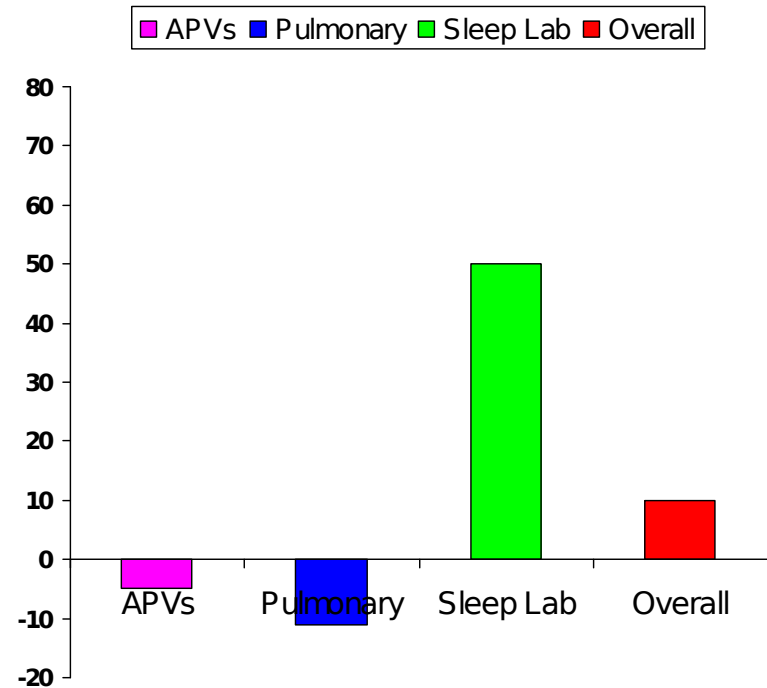
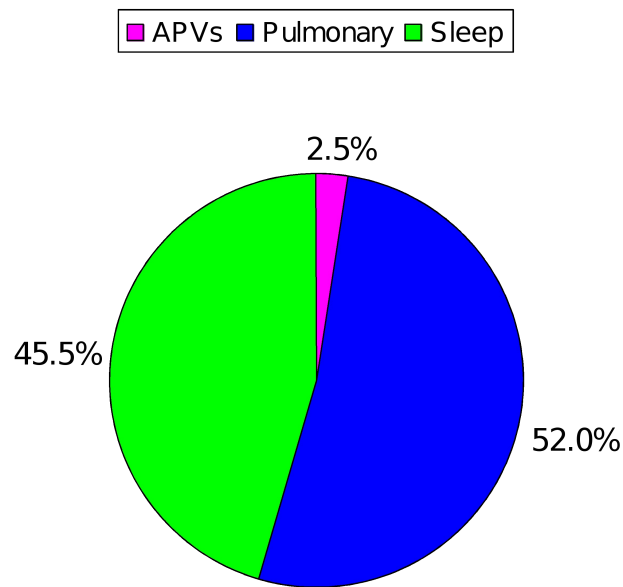
Pulmonary

Total Visits Oct 02-Jun 04



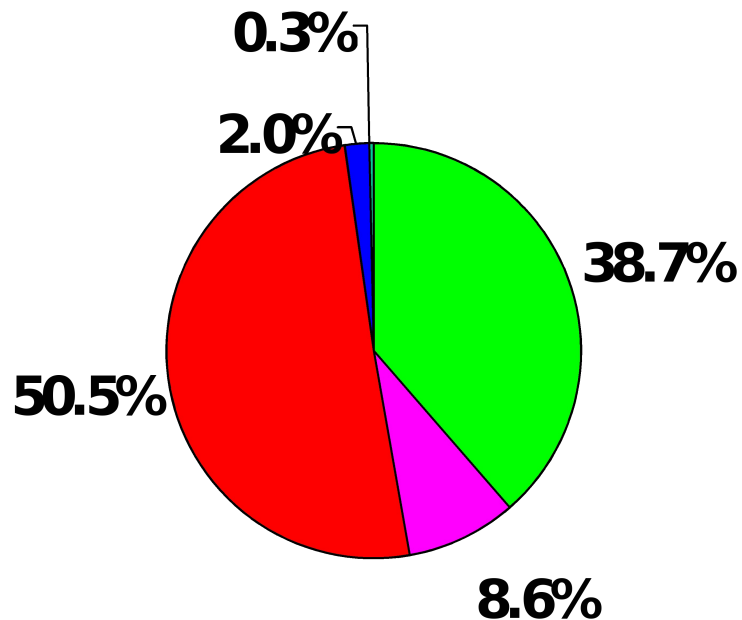
- FY03 Avg: 519/mo
- FY04 Avg: 569/mo or +10%

Pulmonary Appointment Type & Change (03 vs. 04)



- Sleep lab workload increasing to try to meet demand

Pulmonary Users by Beneficiary Category (FY04)



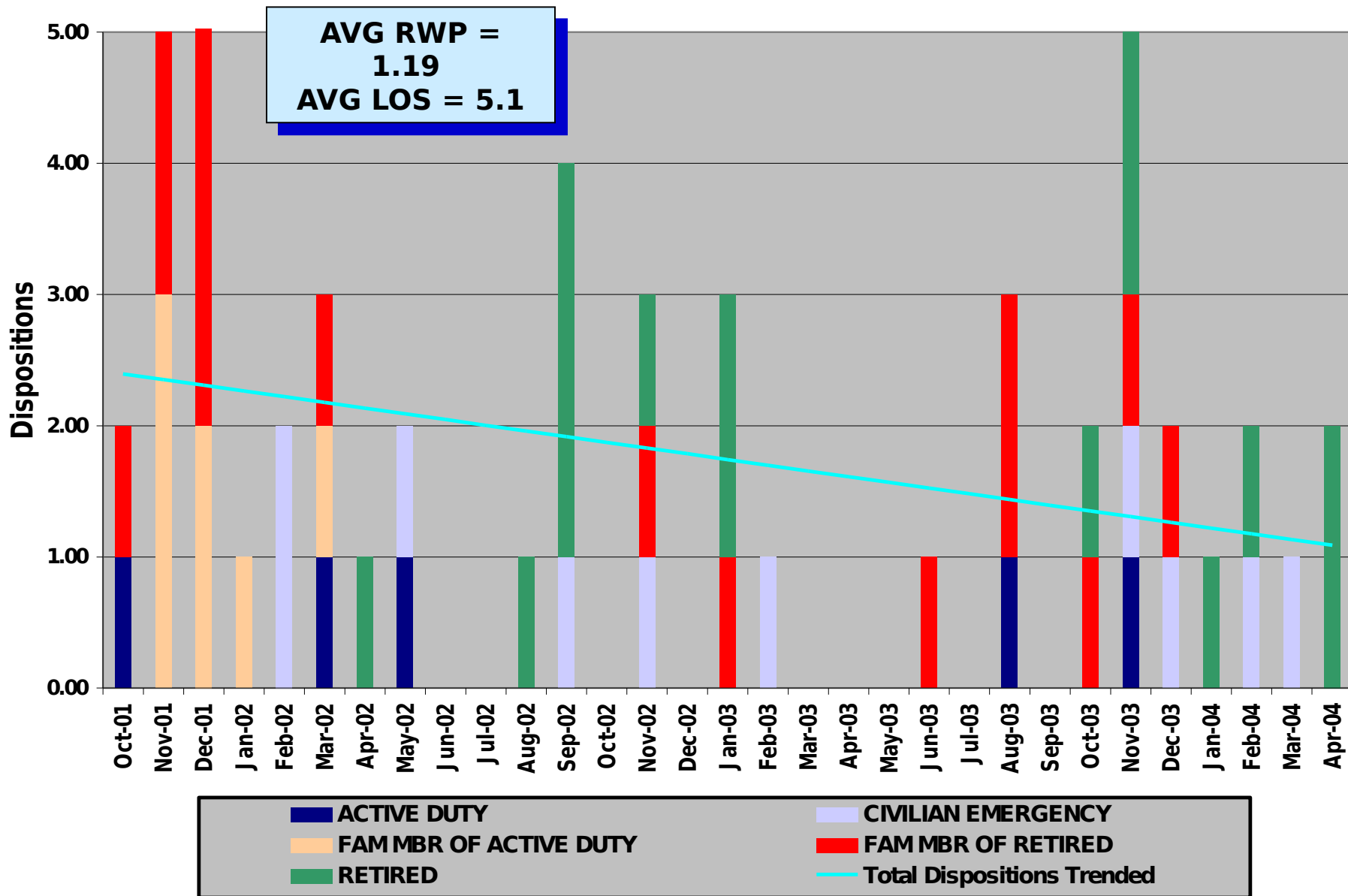
- Retirees make up 51% of Total Pulmonary users
- Active duty: 39%

Pulmonary Access to Care

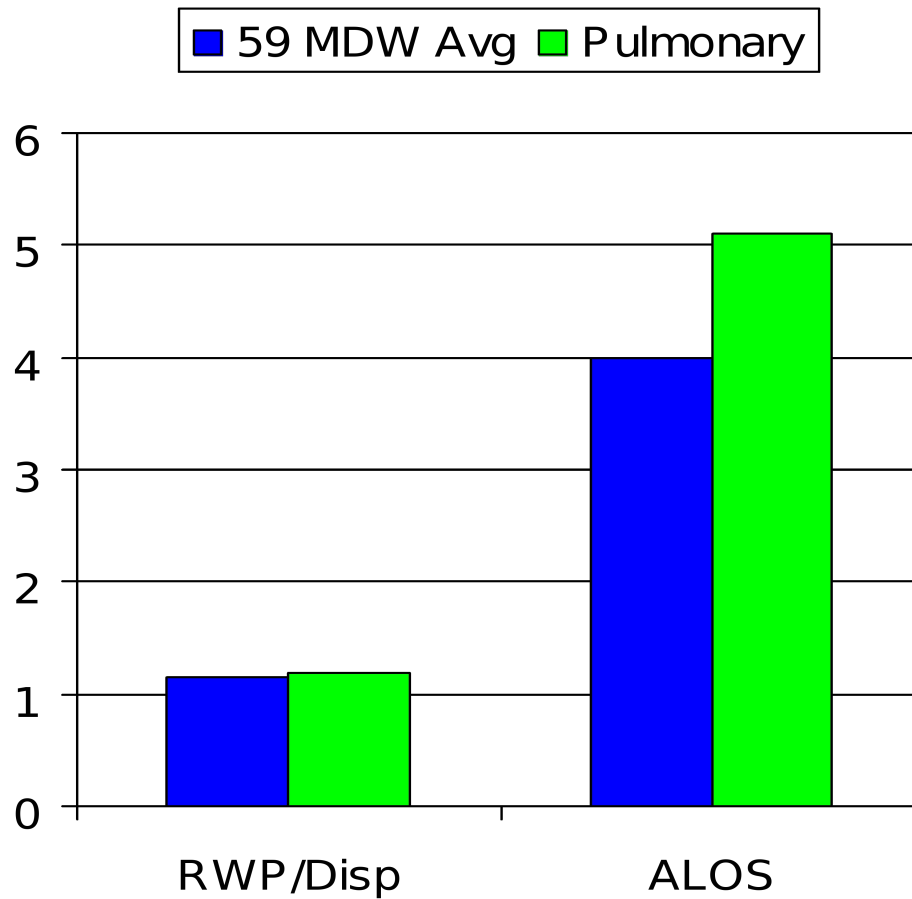
- Standard for Access to Specialty Appts
28 Days
 - Access as of Aug 04
 - Met: 97%
 - # Appts Met/Total: 139/144
 - Avg Wait Time: 15.15 days

• Pulmonary is **meeting** standard for access to Specialty Appts

WHMC Pulmonary Dispositions Trended FY02 to FY04

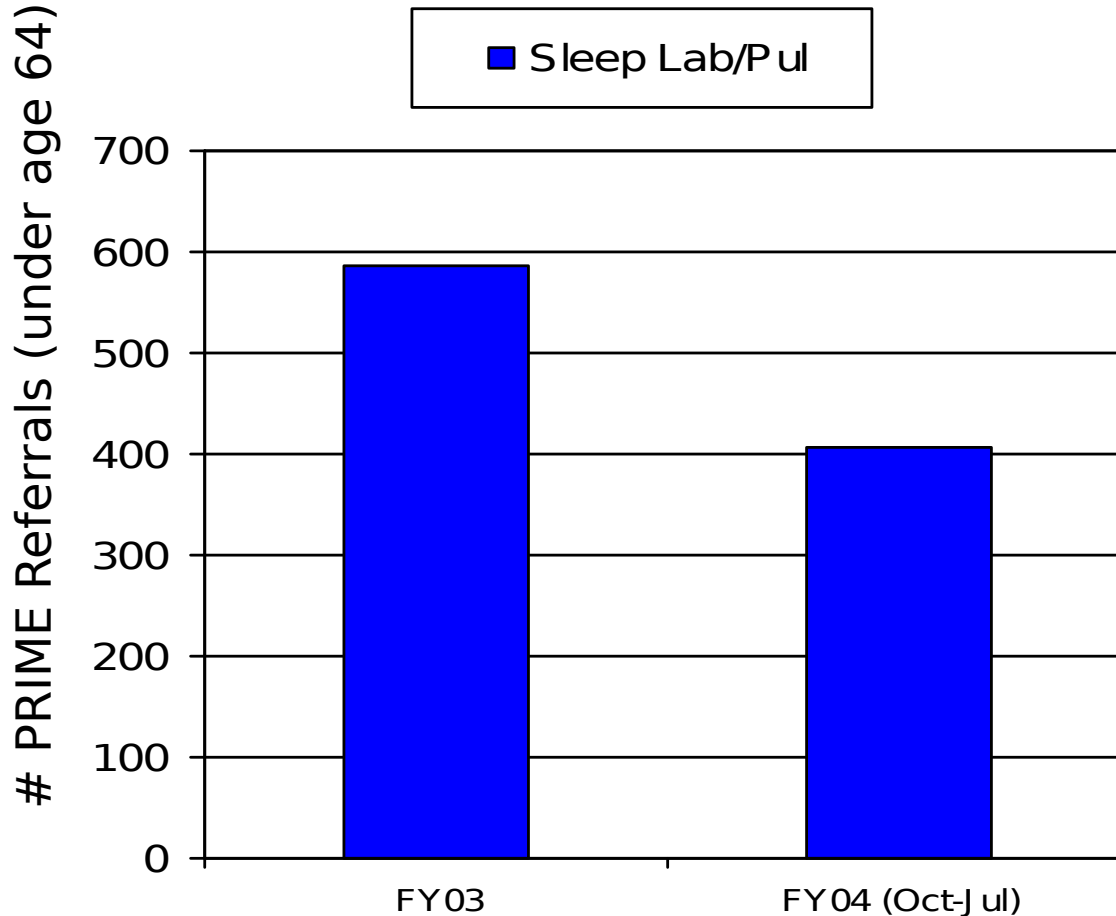


Pulmonary RWP and ALOS vs. Avg



- RWP/Disp is near 59 MDW avg
- LOS of 5.1 days is 28% higher

Pulmonary PRIME Containment & Referrals (OP)



- FY03: 48.8/mo
- FY04: 40.7/mo
 - Up 17%

Pulmonary Market Share

- WHMC and BAMC have approximately **96%** of the market share (FY03 Data)
 - WHMC CMAC: \$1.1M
 - BAMC CMAC: \$250K
 - Purchased Care CMAC (< 65 yrs): \$49K (4%)

Category	FY03	FY04 To Date
AD	\$ 848	\$ 131
BAMC Prime	\$ 9,604	\$ 10,770
WHMC Prime	\$ 10,735	\$ 21,755
Other MTFs	\$ 6,989	\$ 7,755
Network PRIME	\$ 10,896	\$ 7,838
Standard < 65	\$ 9,602	\$ 9,206
Total < 65	\$ 48,674	\$ 57,455

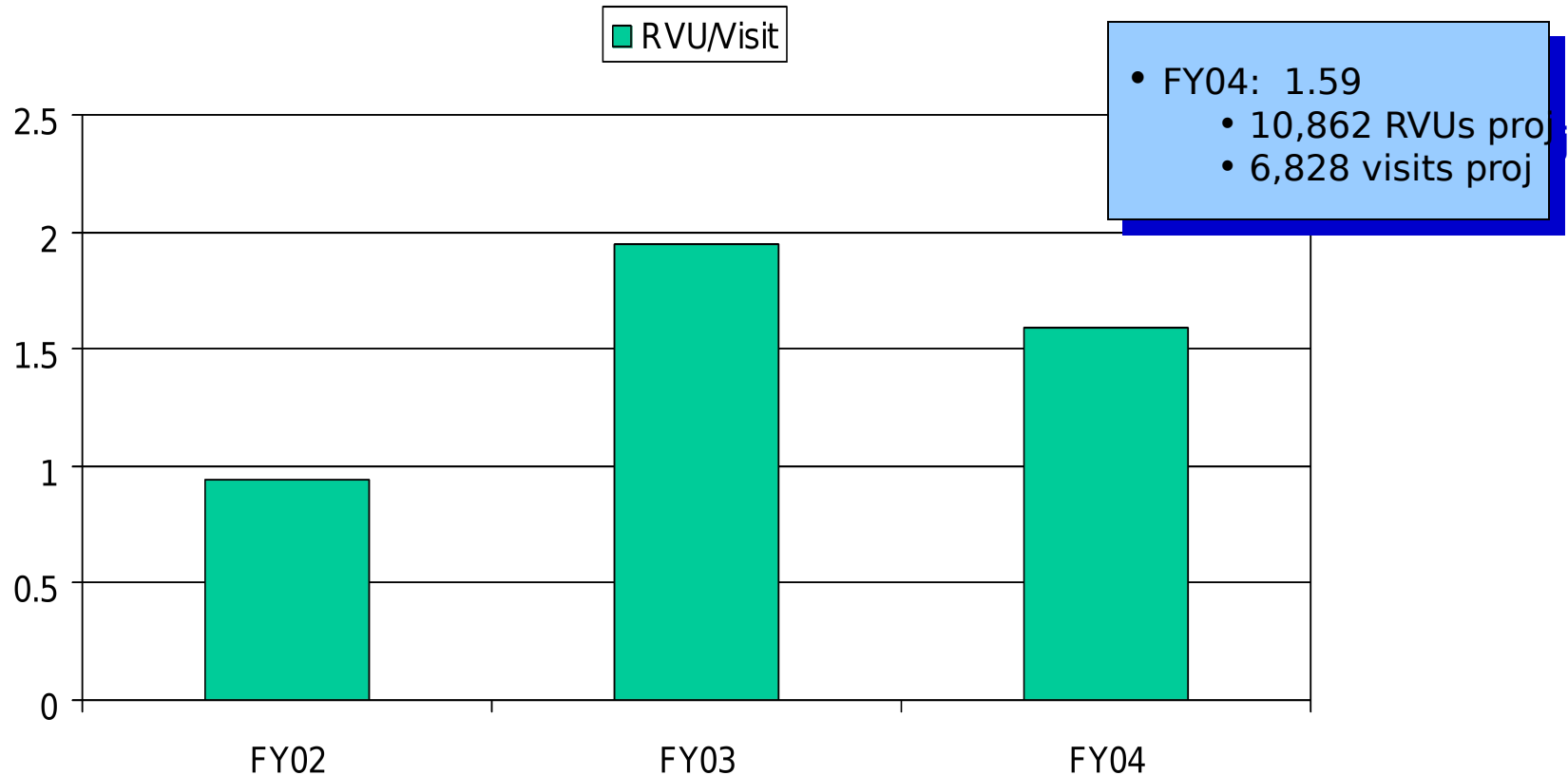
- Outpatient Purchased care claims already higher than FY03

Pulmonary Coding Analysis

- Coder Situation: 1 coder (outpatient)
- Data Quality* (Goal: 90% or more)
 - ICD9: 96.6% (WHMC Avg: 80.7%)
 - CPT: 86.2% (WHMC Avg: 76.8%)
 - E&M: 93.2% (WHMC Avg: 81.3%)

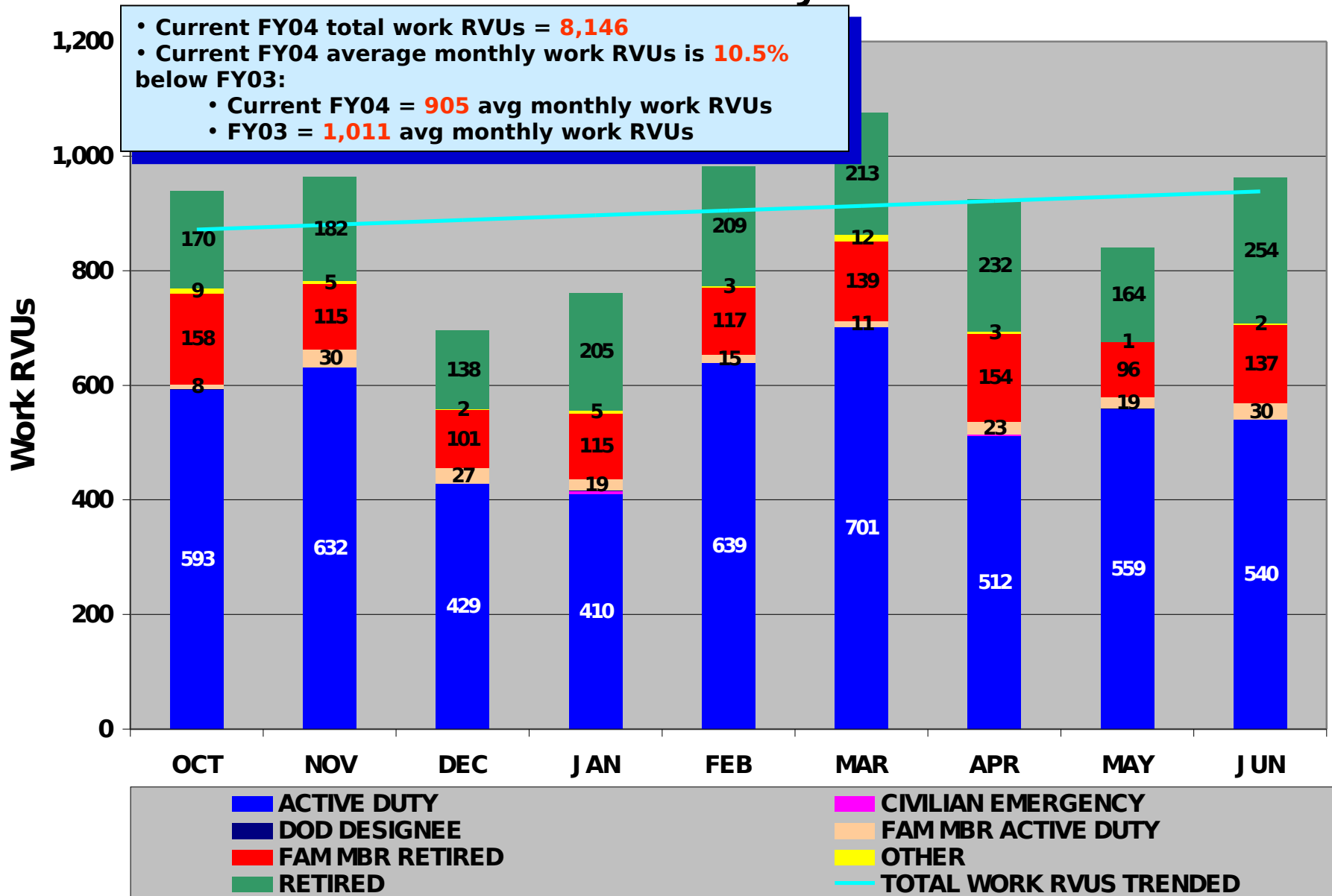
- May 04 Audit
- Meeting AFMSA Standard in all areas

Pulmonary RVU/Visit (FY02 to FY04)



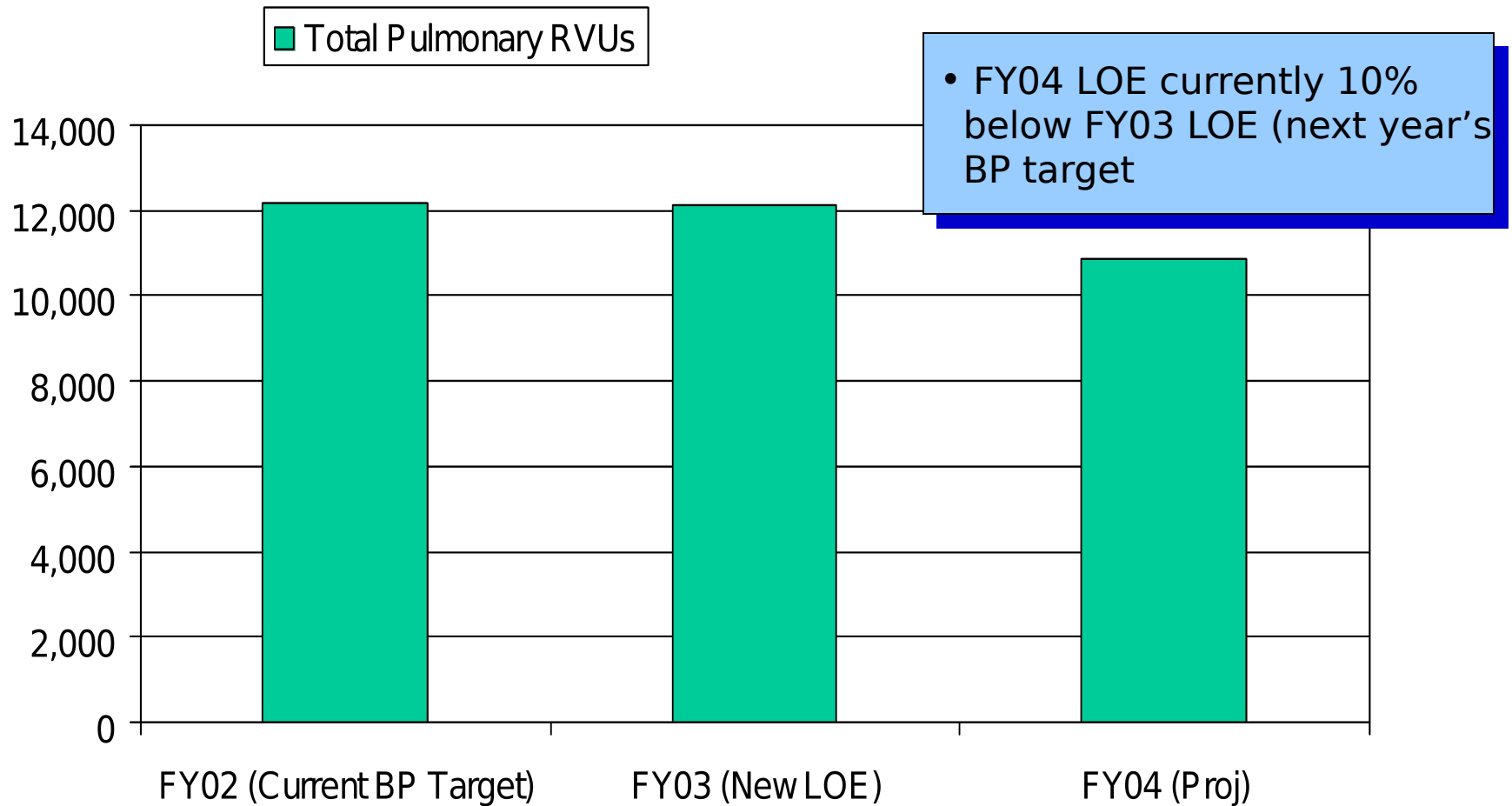
Pulmonary Direct Outpatient Care Work

RVUs Oct 04 - Jun 04



Pulmonary

Direct Care RVUs (FY02-04)



Pulmonary

Business Plan Performance Oct-Jun 04

Current	FY02 (BP Target)	FY04 (Actual Oct-Jun)	Difference	\$ Implications
IHC	3,334.0	3,289.4	(44.6)	\$ 3,300
Other DC	113.8	51.5	(62.4)	\$ 4,615
PSC (Estimate)	493.0	776.0	283.0	\$ (20,942)
Total Prime	3,940.8	4,116.9	176.0	\$ (13,027)
FFS Other Enr	2,599.2	2,547.6	(51.7)	\$ (3,824)
FFS Space-A	1,261.5	1,064.8	(196.7)	\$ (14,559)
FFS Plus	1,952.3	1,211.8	(740.5)	\$ (54,794)
Total FFS	5,813.0	4,824.1	(988.9)	\$ (73,177)

Outpatient

Prime: -\$13K

FFS: -\$73K

Total: -\$86K

Inpatient

Rolled up into ICU data; can't
Be readily calculated

Pulmonary

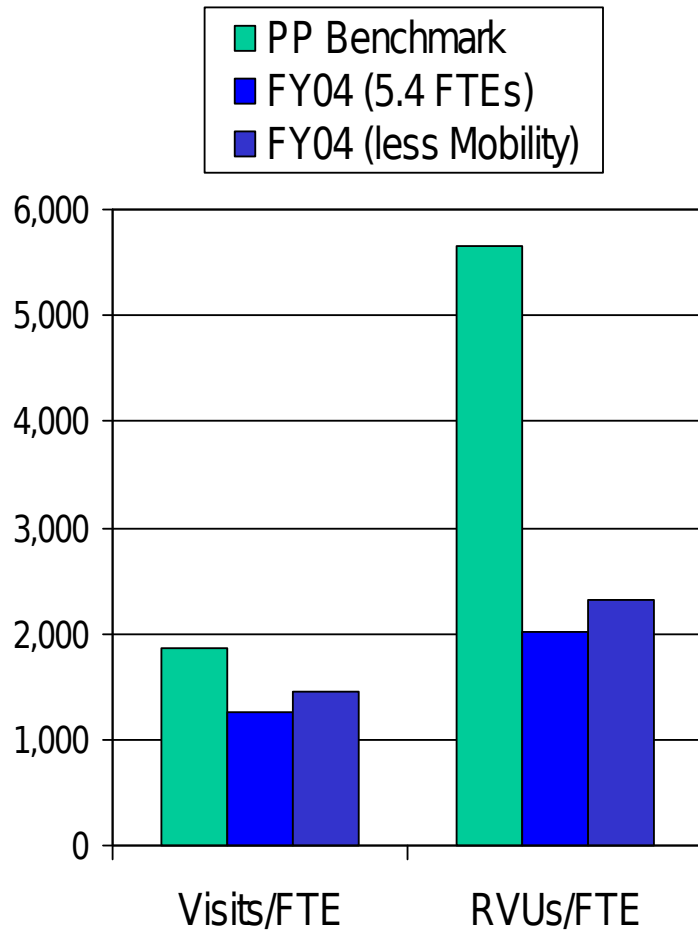
New FY05 BP Targets vs. Current

- Pulmonary targets will be calculated based on:
 - FY03 LOE Less/Plus Increased Enrollment/Mobility Taskings/Renovations

Future BP	Avg Change from FY03 LOE	FY03 LOE	Estimate of FY05 BP Target	FY04 (Actual Oct-Jun)	Difference	\$ Implications
IHC	-11%	3,556.5	3,165.3	3,289.4	124.1	(9,184)
Other DC	-19%	62.5	50.6	51.5	0.9	(63)
PSC (Estimate)	80%	493.0	887.4	776.0	(111.4)	8,244
Total Prime		4,112.0	4,103.3	4,116.9	13.6	(1,003)
FFS Other Enr	-24%	2,815.7	2,139.9	2,547.6	407.6	30,164
FFS Space-A	-51%	1,189.6	582.9	1,064.8	481.8	35,657
FFS Plus	38%	1,532.8	2,115.3	1,211.8	(903.5)	(66,857)
Total FFS		5,538.1	4,838.1	4,824.1	(14.0)	(14.0)

Estimate Only:
Overall: -\$2K

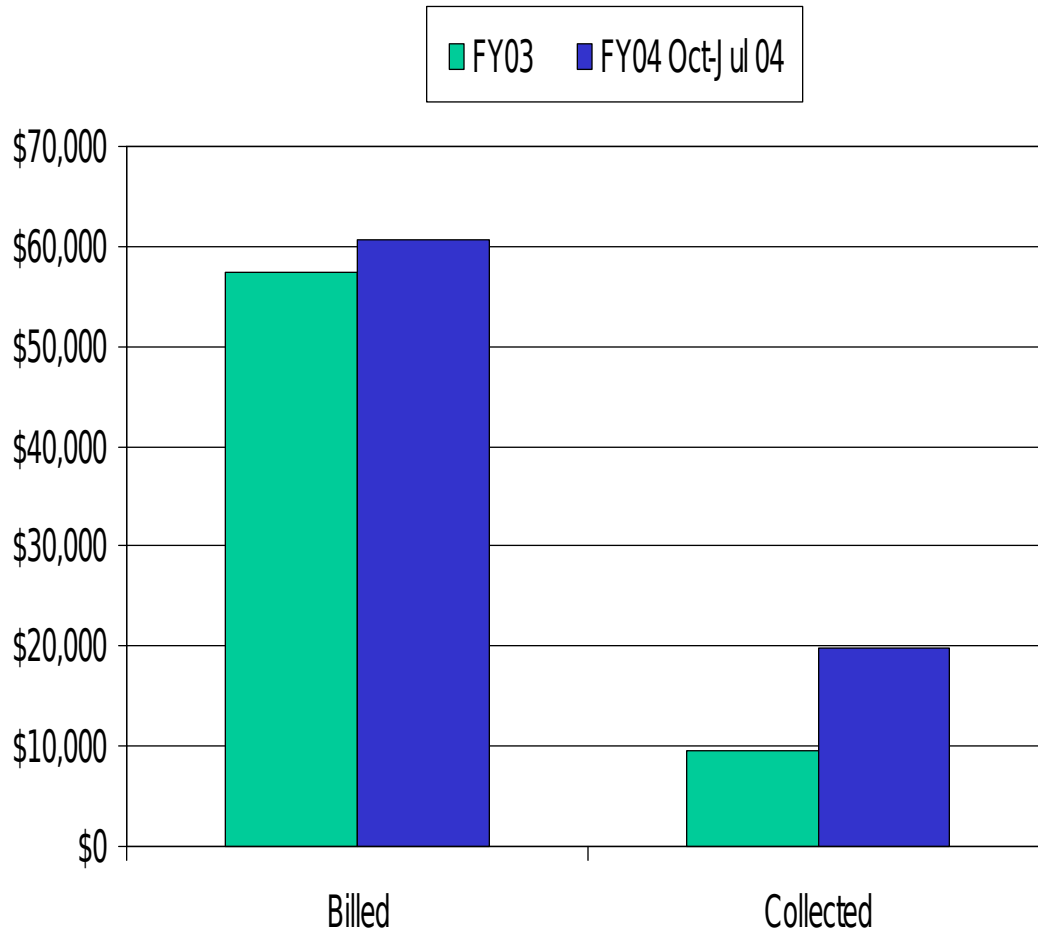
Pulmonary Benchmark Comparison per FTE



	1 Staff = .7 FTE *	Less Deploy 1
#FTEs	5.4	4.7
Proj FY04 Visits*	6,828	6,828
Proj FY04 Visits/FTE	1,264	1,453
Private Practice Benchmark (V/FTE)	1,856	1,856
Academic Benchmark (visits/FTE)	None Avail	None Avail
% Compared to Acad. Benchmark	n/a	n/a
FY04 RVUs (Proj)	10,860	10,860
RVU/Visit	1.59	1.59
RVU/FTE	2,011	2,311
Private Practice Benchmark (RVU/FTE)	5,664	5,664
Academic Benchmark (RVU/FTE)	None Avail.	None Avail.
% Compared to Acad. Benchmark	n/a	n/a

- * AD counted as .7 FTE; contractor as .5=.5
 - Option 1: $(7 \times .7) + (.5 \times 1) = 5.4$
 - Option 2: $(7 \text{ less } 1 \text{ deployed} \times .7) + (.5 \times 1) = 4.7$
- No avail Academic Benchmarks

Pulmonary Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0.17
 - FY04: 0.33 (94% increase)
- Billing Rate
 - FY03: \$4.8K/mo
 - FY04: \$6.1K/mo (up 27%)

➡ **\$19.7K collected**
As of 31 Jul 04

Pulmonary Clinic

Clinic Initiatives

- Initiatives
 - Restructured Clinic Space and Flow to maximize limited support personnel
 - Considering combining Sleep and Pulmonary Administrative offices to maximize admin support despite shortages

Pulmonary Clinic

Clinic Issues/Requirements

- Problems

- Personnel shortages

- Limited Officer admin support (MSC's or NC)
 - Physician shortage expected to worsen with deployments and commitment completion
 - No 4N's authorized in a clinic with 13 providers (7 Staff Physicians and 6 Fellows)

- Space Shortages

- Difficult to maximize physician clinic: Could benefit from 1 additional exam room and office space for admin and diagnostic techs








- Sleep Leakage








- With proper equipment, space and physician additions could easily handle majority of leakage

Pulmonary Customer Satisfaction

- DoD Customer Satisfaction Survey
 - Overall Experience: 71.43% satisfied (vs. 83% WHMC average)
 - FY02: 93.33%; FY03: 83.33%
- Patient Satisfaction will be key indicator in FY05 and beyond
 - AFMS contracted for new, real-time customer satisfaction process (pending)

Pulmonary Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits over Time (02 to 04 trend)	
PRIME Containment/Referrals	
Market Share	

Area Reviewed	
RVU/Visit over time	
Data Quality	
Productivity vs. Civilian Benchmarks	
Direct Care RVUs vs. BP Target (02)	
BP Performance Oct-Jun 04	
BP Performance (FY05)	
Customer Satisfaction	

Pulmonary Next Steps

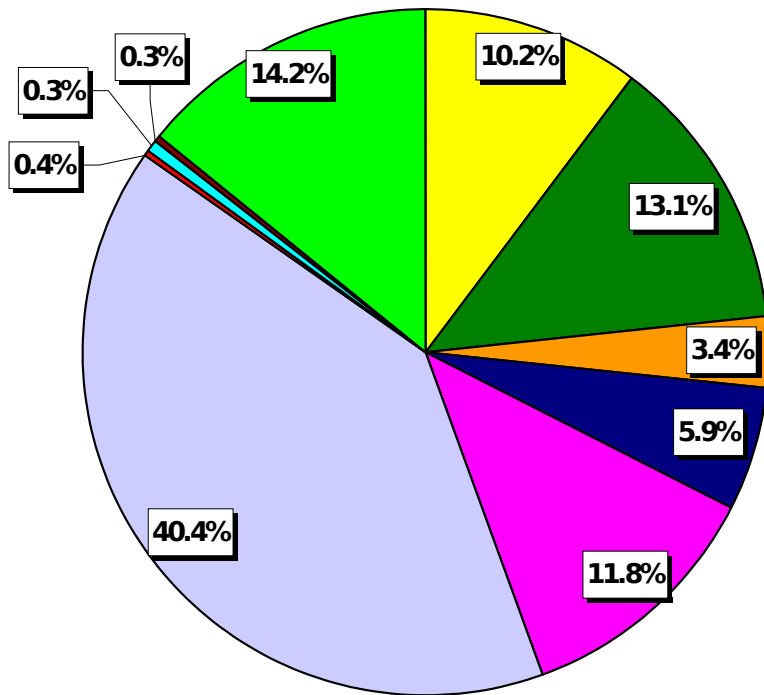
- Step 2
 - Follow-up: 18 Oct 04 at 1400
- Step 3
 - Projected WHMC/BAMC Brief: late Nov 04



Integrity - Service - Excellence

Back-Up Slides

Pulmonary Direct Care RVU Workload By Enrollment Category Oct 03 – Jun 04



	TREATMENT DMIS ID	
	BAMC	WHMC
ENROLLMENT CATEGORY	WORK RVU	WORK RVU
ENROLLED OUTSIDE SAMM	345	831
NOT ENROLLED	847	1,065
PRIME BAFB	32	277
PRIME BAMC	1,422	480
PRIME RAFB	312	959
PRIME WHMC	51	3,289
SA NETWORK ENROLLEE	97	33
TPLUS BAFB	15	27
TPLUS BAMC	1,218	28
TPLUS RAFB	16	
TPLUS WHMC	31	1,157
TOTAL	4,386	8,146

